### WORK HISTORY REPORT-Form SSA-3369-BK

# READ ALL OF THIS INFORMATION BEFORE YOU BEGIN COMPLETING THIS FORM

#### IF YOU NEED HELP

If you need help with this form, complete as much of it as you can, and your interviewer will help you finish it.

#### **HOW TO COMPLETE THIS FORM**

The information that you give us on this form will be used by the office that makes the disability decision on your disability claim. You can help them by completing as much of the form as you can.

- Print or type.
- . When a question refers to "you," "your," or "the Disabled Person," it refers to the person who is applying for disability benefits. If you are filling out the form for someone else, provide information about him or her.
- Be sure to explain an answer if the question asks for an explanation, or if you think you need to explain an answer.
- If more space is needed to answer any questions, use the "REMARKS" section on Page 8, and show the number of the question being answered.

#### WHY THIS INFORMATION IS IMPORTANT

The information we ask for on this form will help us understand how your illnesses or injuries or conditions might affect any work you are qualified to do. The information tells us about the kinds of work you did, including the types of skills you need and the physical and mental requirements of each job. In Section 2, be sure to give us all of the different kinds of work you have done in the last 15 years before you stopped working. There is a separate page to describe each different job.

REMEMBER TO SIGN THE FORM IN THE SIGNATURE SPACES ON PAGE 8

## The Privacy and Paperwork Reduction Acts

The Social Security Administration is authorized to collect the information on this form under sections 205(a), 223(d) and 1631(e)(1) of the Social Security Act. The information on this form is needed by Social Security to make a decision on the named claimant's claim. While giving us the information on this form is voluntary, failure to provide all or part of the requested information could prevent an accurate or timely decision on the name claimant's claim. Although the information you furnish is almost never used for any purpose other than making a determination about the claimant's disability, such information may be disclosed by the Social Security Administration as follows: (1) to enable a third party or agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to comply with Federal Laws requiring the release of information from Social Security records (e.g., to the General Accounting Office and the Department of Veterans Affairs); and (3) to facilitate statistical research and such activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it. Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices.

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 30 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts, and fill out the form.

PLEASE REMOVE THIS SHEET BEFORE RETURNING THE COMPLETED FORM.

# **WORK HISTORY REPORT**

SECTION 1 - INFOR	RMATION ABOUT THE DISABLED PERSON
A. Name (First, Middle Initial, Last)	B. SOCIAL SECURITY NUMBER
C. <b>DAYTIME TELEPHONE NUMB</b> us a daytime number where we can lea	BER (If you have no number where you can be reached, give eve a message for you.  Your Number Message Number None
	INFORMATION ABOUT YOUR WORK

Job Title (Example: Cook)	Type of Business (Example: Restaurant)		Worked & <i>Year)</i>
	·	From	To
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Give us more information about Job No. 1 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 1				
Rate of Pay \$	Per (Check One)  Hour Week	Month Year	Hours per day	Days per week
In this job, did you:	Use machines, too Use technical know Write reports or co	vledge or skills	s? YES (explain	in below) NO
Describe this job. Wha	t did you do all day?	(If you need more s	·	•
In this job, how many to Walk? Stand? Sit? Climb? Stoop? (Bend down and for Lifting and Carrying (Ex	ward at waist.)	Kneel? (Be Crouch? (I Crawl? (M Handle, gi Write, typ	nd legs to rest on knee Bend legs & back dowr ove on hands & knees. rab or grasp big ob se or handle small o	o & forward.) ) vjects? objects?
Check the heaviest we Less than 10 lbs Check weight you freq	10 lbs 20 lbs	50 lbs	100 lbs. or more	
Less than 10 lbs	10 lbs 25 lbs	50 lbs. or r		
Did you supervise othe		YES (Complete	te items below.)	NO (Skip to next page.)
What part of your t	ime was spent supe	rvising people	?	
Did you hire and fire	e employees?	YES		NO
Were you a lead worke	r?	YES		NO

Give us more information about Job No. 2 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 2				
Rate of Pay \$	Per (Check One) Hour Week	Month Year	Hours per day	Days per week
In this job, did you:	Use machines, too			
Describe this job. What	Write reports or co	·	120 texpian	
	-t-l b	did		
In this job, how many to  Walk? Stand? Sit? Climb? Stoop? (Bend down and forw  Lifting and Carrying (Exp.	vard at waist.)	Kneel? (Be Crouch? (M Crawl? (M Handle, g Write, typ	nd legs to rest on knee Bend legs & back down ove on hands & knees. rab or grasp big ob se or handle small o	o & forward.)  j  pjects?  objects?
Check the <b>heaviest</b> weig			7	
Less than 10 lbs Check weight you frequ	10 lbs 20 lbs	☐ 50 lbs ☐	100 lbs. or more	
				i workuay.)
Less than 10 lbs 10 lbs 25 lbs 50 lbs. or more 0ther				
Did you supervise other		YES (Complet	te items below.)	NO (Skip to next page.)
How many people d	id you supervise?			
What part of your ti	me was spent supe	rvising people	?	
Did you hire and fire	employees?	YES		NO
Were you a lead worker	?	YES		NO

Give us more information about Job No. 3 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 3				
Rate of Pay \$	Per <i>(Check One)</i> Hour Week	Month  Year	Hours per day	Days per week
In this job, did you:	Use machines, too	ls or equipme	nt? YES (explai	in below) NO
	Use technical know	vledge or skill	s? YES (explai	in below) NO
	Write reports or co	mplete forms	? YES (explain	in below) NO
Describe this job. Wha	t did you do all day?	(If you need more s	space, write in the"Rem	arks" section.)
In <b>this job</b> , how many t	otal hours each day	did you:		
Walk?	otal flours each day	•		1
Stand?			end legs to rest on knee Bend legs & back dowl	
Sit?			bena legs & back dowl love on hands & knees.	
Climb?			rab or grasp big ob	<del></del>
Stoop? (Bend down and for	rward at waist l	_	pe or handle small	<u> </u>
Lifting and Carrying (Ex	plain what you lifted, ho	w far you carried	d it, and how often	you did this.)
Check the <b>heaviest</b> we	iaht lifted:			
	10 lbs 20 lbs	□ 50 lbs □	100 lbs. or more	e Other
Check weight you frequ	uently lifted: (By frequ	uently, we mean	from 1/3 to 2/3 o	f workday.)
Less than 10 lbs	☐ 10 lbs ☐ 25 lbs	☐ 50 lbs. or r	more Other	
Did you supervise other	r people in this job?	YES (Comp	lete items below.)	NO (Skip to next page.)
How many people o	lid you supervise?			
What part of your t	ime was spent supe	rvising people	?	
Did you hire and fire	e employees?	YES		NO
Were you a lead worke	r?	YES		NO

Give us more information about Job No. 4 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 4					
Rate of Pay \$	Per <i>(Check One)</i> Hour Week	Month Year	Hours per day	Days per week	
In this job, did you: Use machines, tools or equipment?  YES (explain below)				in below) NO	
	Use technical know	vledge or skill	<u> </u>		
	Write reports or co	mplete forms	? YES (expla	in below) NO	
Describe this job. Wha	at did you do all day?	(If you need more s	pace, write in the"Rem	earks" section.)	
In <b>this job</b> , how many	total hours each day	did vou:			
,	,	,	and large to year on kno	00.1	
Walk? Stand?		Kneel? (Bend legs to rest on knees.)  Crouch? (Bend legs & back down & forward.)			
Sit?			Nove on hands & knees		
Climb? Handle, grab or grasp big objects?		bjects?			
Stoop? (Bend down and forward at waist.) Write, type or handle small objects?		objects?			
Lifting and Carrying (E)	xplain what you lifted, ho	w far you carried	d it, and how ofter	n you did this.)	
Check the <b>heaviest</b> we Less than 10 lbs		50 lbs	100 lbs. or more	e Other	
Check weight you freq	uently lifted: (By freq	uently, we mean	from 1/3 to 2/3 o	f workday.)	
Less than 10 lbs	☐ 10 lbs ☐ 25 lbs	50 lbs. or r	more Other		
Did you supervise other How many people		YES (Comple	te items below.)	NO (Skip to next page.)	
What part of your	time was spent supe	rvising people	?		
Did you hire and fir	e employees?	YES		NO	
Were you a lead works	er?	YES		NO	

Give us more information about Job No. 5 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 5				
Rate of Pay \$	Per <i>(Check One)</i> Hour Week	Month Year	Hours per day	Days per week
In this job, did you:	Use machines, too	vledge or skill	s? YES (explai	
Describe this job. Wha	Write reports or co	•	TEO (expiral)	
In <b>this job</b> , how many	total hours each day	did you:		
Walk? Stand? Sit? Climb? Stoop? (Bend down and fo	rward at waist.)	Crouch? <i>(</i> Crawl? <i>(M</i> Handle, g	end legs to rest on knee Bend legs & back down love on hands & knees. rab or grasp big ob de or handle small	n & forward.) ) pjects?
Lifting and Carrying (Ex	plain what you lifted, ho	w far you carried	d it, and how often	you did this.)
Check the <b>heaviest</b> we	ight lifted:	50 lbs	100 lbs. or more	o Other
Check weight you freq	uently lifted: (By freq	uently, we mean		f workday.)
Did you supervise othe		YES (Comple	te items below.)	NO (Skip to next page.)
What part of your t	ime was spent supe	rvising people	?	
Did you hire and fir	re employees?	YES		NO
Were you a lead worke	er?	YES		NO

Give us more information about Job No. 6 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 6				
Rate of Pay \$	Per <i>(Check One)</i> Hour Week	Month Year	Hours per day	Days per week
In this job, did you: Use machines, tools or equipment? YES (explain below) NO				
	Use technical knov	vledge or skills		
	Write reports or co	mplete forms	?	in below) NO
Describe this job. What	t did you do all day?	(If you need more s	pace, write in the"Rem	earks" section.)
In this job, how many to Walk? Stand? Sit? Climb? Stoop? (Bend down and forward) Lifting and Carrying (Exp.	ward at waist.)	Kneel? (Be Crouch? (I Crawl? (M Handle, g Write, typ	nd legs to rest on knee Bend legs & back down ove on hands & knees. rab or grasp big ob se or handle small o	o & forward.)  //  //  //  //  //  //  //  //  //
Check the heaviest wei  Less than 10 lbs  Check weight you frequent Less than 10 lbs	10 lbs 20 lbs			
Did you supervise other How many people d	•	YES (Comple	ete items below.)	NO (Skip to next page.)
What part of your ti	me was spent supe	rvising people	?	
Did you hire and fire	e employees?	YES		NO
Were you a lead worke	r?	YES		NO

SECTION 3	- REMARKS
Witnesses are required <b>ONLY</b> if this statement has be two witnesses to the signing who know the person n full addresses.	
1. Signature of <b>Witness</b>	2. Signature of <b>Witness</b>
Address (Number and street, city, state, and ZIP code)	Address (Number and street, city, state, and ZIP code)